

Certificate Number: 15725-MIE-CC-031629357



15725-MIE-CC-031629357

CERTIFICATE OF COUNSELING

I CERTIFY that on September 17, 2018, at 6:53 o'clock PM EDT, Alicia Graves received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: September 17, 2018 By: /s/Maria Avecillas

Name: Maria Avecillas

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1 Alicia Mechelle Graves
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of Michigan

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
 - 1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 0
 - 1b. Copy line 62, Total personal property, from *Schedule A/B* \$ 2800
 - 1c. Copy line 63, Total of all property on *Schedule A/B* \$ 2800

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
 - 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 0
 3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
 - 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 8,747.37
 - 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 16,000
- Your total liabilities** \$ 24,747.37

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of *Schedule I* \$ 1484.04
5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of *Schedule J* \$ 1360.00

Debtor 1

Alicia Mechelle Graves
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1932.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

\$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 8747.37

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

\$ 16000

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0

9g. **Total.** Add lines 9a through 9f.

\$ 25,061

Fill in this information to identify your case and this filing:

Debtor 1 Alcira Mechelle Graves
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of Michigan

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

1.1. _____
Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Debtor 1

Alicia Michelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

1.3.

Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____ Current value of the portion you own? _____

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
 _____☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.>

\$ 0**Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No
☐ Yes

3.1. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:
 _____**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____ Current value of the portion you own? _____

\$ _____ \$ _____

If you own or have more than one, describe here:

3.2. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:
 _____**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____ Current value of the portion you own? _____

\$ _____ \$ _____

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe.....dinning table, linens, bedroom furniture\$ 1000**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe.....Television\$ 300**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....\$ 0**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....\$ 0**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....\$ 0**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....Everyday clothes\$ 1,500**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No☐ Yes. Describe.....\$ 0**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....\$ 0**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information,\$ 0**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**\$ 2800

Debtor 1

Alvia Michelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes

Cash: ..

\$ 380**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

17.1. Checking account:

Diversified Members Credit Union\$ 4.39

17.2. Checking account:

Diversified Members Credit Union

\$

17.3. Savings account:

\$ 5

17.4. Savings account:

\$

17.5. Certificates of deposit:

\$

17.6. Other financial account:

\$

17.7. Other financial account:

\$

17.8. Other financial account:

\$

17.9. Other financial account:

\$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

\$ 0
 \$
 \$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes, Give specific information about them.....

Name of entity:

% of ownership:

0% %

\$ 0

0% %

\$

0% %

\$

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name: _____

\$ 0
 \$ _____
 \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each

account separately.

Type of account:

Institution name: _____

401(k) or similar plan: _____

Pension plan: _____

IRA: _____

Retirement account: _____

Keogh: _____

Additional account: _____

Additional account: _____

\$ 0
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes.....

Institution name or individual: _____

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

\$ 0
 \$ 0
 \$ 0
 \$ 0
 \$ 0
 \$ 0
 \$ 0
 \$ 0
 \$ 0

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description: _____

\$ 0
 \$ _____
 \$ _____

Debtor 1

Alice Michelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

 \$ 0

 \$ _____

 \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them....

 \$ 0

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific information about them....

 \$ 0

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No☐ Yes. Give specific information about them....

 \$ 0

Money or property owed to you?

**Current value of the
 portion you own?**
 Do not deduct secured
 claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

 Federal: \$ 0
 State: \$ 0
 Local: \$ 0

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.....

 Alimony: \$ 0
 Maintenance: \$ 0
 Support: \$ 0
 Divorce settlement: \$ 0
 Property settlement: \$ 0

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.....

 \$ 0

Debtor 1

Alicia Michelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....\$ 0**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes. Describe each claim.\$ 0**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.\$ 0**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.....\$ 0

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$ 389.39

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?☒ No. Go to Part 6.☐ Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.....\$ 0**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe.....\$ 0

Debtor 1

Alicia Mechello Graves
 First Name Middle Name Last Name

Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☒ No☐ Yes. Describe.....\$ 0**41. Inventory**☒ No☐ Yes. Describe.....\$ 0**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe.....

Name of entity:

% of ownership:

_____ %

\$ 0

_____ %

\$ _____

_____ %

\$ _____

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....\$ 0**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information\$ 0

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$ 0**Part 6:**

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?☒ No. Go to Part 7.☐ Yes. Go to line 47.

**Current value of the
portion you own?**

Do not deduct secured claims
or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No☐ Yes.....

\$ _____

Debtor 1

Alicia Michelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

48. ~~Crops~~ either growing or harvested☒ No☐ Yes. Give specific information. _____\$ 049. ~~Farm and fishing equipment, implements, machinery, fixtures, and tools of trade~~☒ No☐ Yes. _____\$ 050. ~~Farm and fishing supplies, chemicals, and feed~~☒ No☐ Yes. _____\$ 051. ~~Any farm- and commercial fishing-related property you did not already list~~☒ No☐ Yes. Give specific information. _____\$ 0

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here _____ →

\$ 0**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information. _____

\$ 0
 \$ _____
 \$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here _____ →

\$ 0**Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2 _____ → \$ 056. Part 2: Total vehicles, line 5 \$ 057. Part 3: Total personal and household items, line 15 \$ 280058. Part 4: Total financial assets, line 36 \$ 059. Part 5: Total business-related property, line 45 \$ 060. Part 6: Total farm- and fishing-related property, line 52 \$ 061. Part 7: Total other property not listed, line 54 + \$ 062. Total personal property. Add lines 56 through 61. _____ \$ 2800 Copy personal property total → + \$ 2800

63. Total of all property on Schedule A/B. Add line 55 + line 62. _____

\$ 2800

Fill in this information to identify your case:

Debtor 1 Alicia Mechelle Graves
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(If known)

Official Form 106C

04/16

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.**

3. Are you claiming a homestead exemption of more than \$160,375?

☒ No

- Official Form 106C
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Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property

Current value of the portion you own

Amount of the exemption you claim

Specific laws that allow exemption

Copy the value from Schedule A/B

Check only one box for each exemption

Brief description: NONE

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: _____

\$ _____

☐ \$ _____

Line from Schedule A/B: _____

☐ 100% of fair market value, up to any applicable statutory limit

Fill in this information to identify your case:

Debtor 1 Alicia Mechelle Graves
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) Eastern Michigan
First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of Michigan

Case number
 (if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____ **Last 4 digits of account number** _____

2.2

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____ **Last 4 digits of account number** _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ _____

Fill in this information to identify your case:

Debtor 1 Alicia Mechelle Graves
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of Michigan

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim Priority amount Nonpriority amount

		Total claim	Priority amount	Nonpriority amount
2.1	<u>Internal Revenue Service</u> Priority Creditor's Name <u>P.O. Box 7346</u> Number Street <u>Philadelphia, PA 19101</u> City State ZIP Code When was the debt incurred? <u>2017</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>2130</u> Last 4 digits of account number <u>\$ 29337</u> Total claim <u>\$ 29337</u> Priority amount		

		Total claim	Priority amount	Nonpriority amount
2.2	<u>Internal Revenue Service</u> Priority Creditor's Name <u>P.O. Box 7346</u> Number Street <u>Philadelphia, PA 19101</u> City State ZIP Code When was the debt incurred? <u>2011</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>2130</u> Last 4 digits of account number <u>\$ 8454</u> Total claim <u>\$ 8454</u> Priority amount		

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 Advance America
 Nonpriority Creditor's Name
3003 50th St. Suite 500
 Number Street
Lubbock Texas 79413
 City State ZIP Code

Last 4 digits of account number 6692 Total claim \$ 398.45
 When was the debt incurred? 8/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify pay day loan

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.2 Ally Financial
 Nonpriority Creditor's Name
P.O. Box 380901
 Number Street
Bloomington MN 55438
 City State ZIP Code

Last 4 digits of account number 5396 Total claim \$ 13,882
 When was the debt incurred? 3/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Car Loan deficiency

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.3 American Credit Acceptance
 Nonpriority Creditor's Name
961 E. Main St
 Number Street
Spartanburg SC 29302
 City State ZIP Code

Last 4 digits of account number 1001 Total claim \$ 2900
 When was the debt incurred? 3/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Car Loan

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4 Associated of Orthopedists of Detroit Last 4 digits of account number 5711 \$ 350.38
 Nonpriority Creditor's Name
24715 Little Mack Avenue
 Number Street
St. Clair Shores, MI 48070
 City State ZIP Code

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

When was the debt incurred? 1/2018

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Bill

4.5 Beaumont Hospital Highway Last 4 digits of account number 4172 \$ 500
 Nonpriority Creditor's Name
750 Stephenson
 Number Street
Troy MI 48067
 City State ZIP Code

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

When was the debt incurred? 1/2016

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical bill

4.6 Brite Financial Last 4 digits of account number 2130 \$ 2,387
 Nonpriority Creditor's Name
101 W. Fourteen Mile Rd
 Number Street
Madison Heights MI 48071
 City State ZIP Code

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?
☐ No
☐ Yes

When was the debt incurred? 5/2016

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Car Loan

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.7 Christian Financial
 Nonpriority Creditor's Name
18441 Utica Rd
 Number Street
Roseville, MI 48066
 City State ZIP Code

Last 4 digits of account number

2130

Total claim

\$ 8564

When was the debt incurred?

3/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
☐ Yes

4.8 Consumer Power
 Nonpriority Creditor's Name
4600 Coolidge
 Number Street
Royal Oak MI 48073
 City State ZIP Code

Last 4 digits of account number

2130\$ 400

When was the debt incurred?

2/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify gas bill

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
☐ Yes

4.9 Convergent Outsourcing
 Nonpriority Creditor's Name
800 SW 39th St
 Number Street
Kenston, WA 98057
 City State ZIP Code

Last 4 digits of account number

2130\$ 1200

When was the debt incurred?

1/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical bill

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10 District Court 39th Judicial Court
 Nonpriority Creditor's Name
 29433 Gratiot Avenue
 Number Street
 Roseville MI 48066
 City State ZIP Code

Last 4 digits of account number 69 GC Total claim \$2,387

When was the debt incurred? 3/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Judgement

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No
☐ Yes

4.11 DTE Energy
 Nonpriority Creditor's Name
 One Plaza
 Number Street
 Detroit MI 48226
 City State ZIP Code

Last 4 digits of account number 2130 Total claim \$1377

When was the debt incurred? 3/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Light bill

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No
☐ Yes

4.12 Duvera Billing Services
 Nonpriority Creditor's Name
 1910 Palomar pointe way STE 101
 Number Street
 Carlsbad, CA 92008
 City State ZIP Code

Last 4 digits of account number 9578 Total claim \$999.81

When was the debt incurred? 4/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Loan

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No
☐ Yes

Alicia Mechelle Graves
 First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☐ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 Eastside Group
 Nonpriority Creditor's Name
P.O. Box 67482
 Number Street
Detroit MI 48267
 City State ZIP Code

Last 4 digits of account number 0783
 When was the debt incurred? 8/2014

Total claim

\$ 149.23**Who incurred the debt? Check one.**

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify medical bill

4.2 Easy Pay Finance
 Nonpriority Creditor's Name
P.O. Box 2549
 Number Street
Carlsbad, CA 92018
 City State ZIP Code

Last 4 digits of account number 7895
 When was the debt incurred? 4/2018

\$ 999.00**Who incurred the debt? Check one.**

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Loan

4.3 Emergency Department Physicians
 Nonpriority Creditor's Name
17417 Masonic
 Number Street
Fraser, MI 48026
 City State ZIP Code

Last 4 digits of account number 3500
 When was the debt incurred? 6/2015

\$ 376.00**Who incurred the debt? Check one.**

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical bill

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.16 ERC
 Nonpriority Creditor's Name
P.O. Box 57610
 Number Street
Jacksonville FL 32241
 City State ZIP Code

Last 4 digits of account number 8637\$ 1049.48When was the debt incurred? 5/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify cell phone bill

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.17 First Collection, Inc
 Nonpriority Creditor's Name
610 Waltham Way
 Number Street
Sparks NV 89434
 City State ZIP Code

Last 4 digits of account number 0118\$ 271.18When was the debt incurred? 4/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Cable bill

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

4.18 Great Lakes
 Nonpriority Creditor's Name
P.O. Box 7860
 Number Street
Madison, WI 53707
 City State ZIP Code

Last 4 digits of account number 2130\$ 15,000When was the debt incurred? 9/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19 Harbor Oaks Hospital
 Nonpriority Creditor's Name
35031 23 Mile Rd
 Number Street
New Baltimore MI 48047
 City State ZIP Code

Last 4 digits of account number 2576\$ 925.00When was the debt incurred? 925.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Hospital bill

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.20 Harper Dermatology PC.
 Nonpriority Creditor's Name
18285 E. 10 Mile Rd Ste 130
 Number Street
Roseville MI 48066
 City State ZIP Code

Last 4 digits of account number 5772\$ 208.74When was the debt incurred? 2/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical bill

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.21 Hetal Patel MD PC
 Nonpriority Creditor's Name
P.O. Box 3492
 Number Street
Farmington Hills, MI 48333
 City State ZIP Code

Last 4 digits of account number 5085\$ 33.83When was the debt incurred? 8/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical bill

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4 Michigan Head & Spine Institute
 Nonpriority Creditor's Name
 29275 Northwestern Hwy
 Number Street
 Southfield, MI 48034
 City State ZIP Code

Last 4 digits of account number 9093
 When was the debt incurred? 12/2017

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify medical bill

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Total claim \$ 292.85

4.5 R. M. P Services
 Nonpriority Creditor's Name
 8155 Executive Dr Ste 100
 Number Street
 Lansing MI 48917
 City State ZIP Code

Last 4 digits of account number 2130
 When was the debt incurred? 2/2016

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify medical bill

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Total claim \$ 200.40

4.6 Scott B Karlene MD PC
 Nonpriority Creditor's Name
 1352 S. Linden Rd
 Number Street
 Flint MI 48532
 City State ZIP Code

Last 4 digits of account number 5140
 When was the debt incurred? 5/2018

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify medical bill

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Total claim \$ 22.02

Debtor 1

Alva Mechelle Graves
 First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.45 Shores Pediatrics Associates
 Nonpriority Creditor's Name
 20905 12 mile Rd Suite 100
 Number Street
 Roseville MI 48066
 City State ZIP Code

Last 4 digits of account number

2130

When was the debt incurred?

3/2016

\$ 300
 150.99

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify Medical bill

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.46 Social Security Administration
 Nonpriority Creditor's Name
 6401 Security Blvd
 Number Street
 Woodlawn MD 21207
 City State ZIP Code

Last 4 digits of account number

2130

When was the debt incurred?

3/2008

\$ 34,000

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify overpayment

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.47 Sprint
 Nonpriority Creditor's Name
 6391 Sprint Parkway
 Number Street
 Overland Park KS 66251
 City State ZIP Code

Last 4 digits of account number

2130

When was the debt incurred?

5/2014

\$ 1,050

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify cell phone bill

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Alcia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.18 ST. John Emergency Physicians Last 4 digits of account number 1350 \$395.43
 Nonpriority Creditor's Name
 P.O. Box 773123
 Number Street
 Chicago IL 60677
 City State ZIP Code

When was the debt incurred? 7/2015

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical bill

Check if this claim is for a community debt ☐

Is the claim subject to offset?
☒ No
☐ Yes

4.19 ST. John Macomb-Oakland Last 4 digits of account number 2130 \$95.43
 Nonpriority Creditor's Name
 P.O. Box 773123
 Number Street
 Chicago IL 60677
 City State ZIP Code

When was the debt incurred? 7/2015

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify medical bill

Check if this claim is for a community debt ☐

Is the claim subject to offset?
☒ No
☐ Yes

4.20 Universal Macomb Ambulance Last 4 digits of account number 2130 \$79
 Nonpriority Creditor's Name
 37583 Maud Rd
 Number Street
 Sterling Heights, MI 48310
 City State ZIP Code

When was the debt incurred? 5/2015

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify medical bill

Check if this claim is for a community debt ☐

Is the claim subject to offset?
☒ No
☐ Yes

Debtor 1

Alcia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31 U.S. Department of Education
 Nonpriority Creditor's Name
 400 Maryland Avenue Rm 65353
 Number Street
 Washington, DC 20202
 City State ZIP Code

Last 4 digits of account number 2130
 When was the debt incurred? 10/2011
 Total claim \$16,000

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:
☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Is the claim subject to offset?
☒ No
☐ Yes

4.32 U.S. Department of Health & Human Services
 Nonpriority Creditor's Name
 P.O. Box 1490355
 Number Street
 Saint Louis, MO 63149
 City State ZIP Code

Last 4 digits of account number 2130
 When was the debt incurred? 10/2017
 Total claim \$842

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify Medicare Insurance

Is the claim subject to offset?
☒ No
☐ Yes

4.33 Xfinity Comcast
 Nonpriority Creditor's Name
 5855 Interface Drive
 Number Street
 Ann Arbor MI 48103
 City State ZIP Code

Last 4 digits of account number 2130
 When was the debt incurred? 5/2018
 Total claim \$149

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Cable

Is the claim subject to offset?
☒ No
☐ Yes

Alicia Michelle Graves
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Arbor Professional Solutions
 Name
311 N Main St.
 Number Street

Ann Arbor MI 48104
 City State ZIP Code

CBCS
 Name
P.O. Box 163333
 Number Street

Columbus, OH 43216
 City State ZIP Code

Enhanced Recovery Co
 Name
P.O. Box 57547
 Number Street

Jacksonville, FL 32241
 City State ZIP Code

Goodman Frost PLLC
 Name
20300 W 12 mile Rd
 Number Street

Southfield MI 48076
 City State ZIP Code

Jefferson Capital system
 Name
16 McTeland Rd
 Number Street

St. Cloud, MN 56303
 City State ZIP Code

Frost-Arnett Company
 Name
P.O. Box 198988
 Number Street

Nashville TN 37219
 City State ZIP Code

United Recovery Systems
 Name
P.O. Box 722929
 Number Street

Houston TX 77272
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1084

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9405

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 4568

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 2647

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 2460

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 2576

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 5396

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
 Add the amounts for each type of unsecured claim.

Total claim

Total claims from Part 1	6a. Domestic support obligations	6a.	\$ _____
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>8,747.37</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ _____
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$ _____
	6e. Total. Add lines 6a through 6d.	6e.	\$ <u>8,747.37</u>

Total claim

Total claims from Part 2	6f. Student loans	6f.	\$ <u>16,000</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ _____
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ _____
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$ _____
	6j. Total. Add lines 6f through 6i.	6j.	\$ <u>16,000</u>

Fill in this information to identify your case:

Debtor Alicia Mechelle Graves
First Name Middle Name Last Name

Debtor 2
(Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of Michigan

Case number
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.2

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.3

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.4

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.5

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Debtor 1

Alicia Mechelle Graves
First Name Middle Name Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

22

NONE

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

Fill in this information to identify your case:

Debtor 1 Alicia Mechelle Graves
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of Michigan

Case number _____
(If known)

Official Form 106H

12/15

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Alicia Mechele Graves
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of MI

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date: _____

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

Occupation

Bus Driver

Employer's name

City of Detroit

Employer's address

Coleman A Young
Number Street
Municipal Center

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Detroit MI 48226
City State ZIP Code

City State ZIP Code

How long employed there?

1 year + 11 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

	For Debtor 1	For Debtor 2 or non-filing spouse
2.	\$ <u>2227.20</u>	\$ _____
3.	+\$ <u>300</u>	+\$ _____
4.	\$ <u>2527.20</u>	\$ _____

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

Debtor 1

Alicia Michelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Copy line 4 here..... → 4.

For Debtor 1

For Debtor 2 or
non-filing spouse\$ 1337.20

\$ _____

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. \$ 486.04

\$ _____

5b. Mandatory contributions for retirement plans

5b. \$ 269.24

\$ _____

5c. Voluntary contributions for retirement plans

5c. \$ 0

\$ _____

5d. Required repayments of retirement fund loans

5d. \$ 0

\$ _____

5e. Insurance

5e. \$ 91.28

\$ _____

5f. Domestic support obligations

5f. \$ 0

\$ _____

5g. Union dues

5g. \$ 74.20

\$ _____

5h. Other deductions. Specify: disability Insurance5h. + \$ 122.40

+ \$ _____

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. \$ 1,043.16

\$ _____

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 1484.04

\$ _____

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0

\$ _____

8b. Interest and dividends

8b. \$ 0

\$ _____

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0

\$ _____

8d. Unemployment compensation

8d. \$ 0

\$ _____

8e. Social Security

8e. \$ 0

\$ _____

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. \$ 0

\$ _____

8g. Pension or retirement income

8g. \$ 0

\$ _____

8h. Other monthly income. Specify: _____

8h. + \$ 0

+ \$ _____

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 0

\$ _____

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 1484.04 +

\$ _____ =

\$ _____

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. + \$ 0

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$ 1484.04Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.☒ Yes. Explain:monthly overtime will fluctuate.

Fill in this information to identify your case:

Debtor 1 _____
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY _____

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$ 700

4a. \$ 0

4b. \$ 0

4c. \$ 0

4d. \$ 0

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ <u>0</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>50</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>205</u>
6d. Other. Specify: _____	6d. \$ <u>0</u>
7. Food and housekeeping supplies	7. \$ <u>100</u>
8. Childcare and children's education costs	8. \$ <u>0</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>80</u>
10. Personal care products and services	10. \$ <u>30</u>
11. Medical and dental expenses	11. \$ <u>30</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>100</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0</u>
14. Charitable contributions and religious donations	14. \$ <u>25</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0</u>
15b. Health insurance	15b. \$ <u>0</u>
15c. Vehicle insurance	15c. \$ <u>0</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0</u>
17c. Other. Specify: _____	17c. \$ <u>0</u>
17d. Other. Specify: _____	17d. \$ <u>0</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0</u>
20b. Real estate taxes	20b. \$ <u>0</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0</u>

Debtor 1

Alicia Mechelle Graves
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ 0

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 1,360

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 1,360

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2977

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 1360

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 1,617

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

Fill in this information to identify your case:

Debtor 1 Alicia Mechelle Graves
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of Michigan

Case number
(if known) _____

☐ Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and
Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Alicia Graves x

Signature of Debtor 1

Signature of Debtor 2

Date 11/26/2018
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Alicia</u>	<u>Mechelle</u>	<u>Graves</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern</u> District of <u>MI</u>		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

**Dates Debtor 1
lived there**

Debtor 2:

**Dates Debtor 2
lived there**

☐ Same as Debtor 1

☐ Same as Debtor 1

Number Street

From _____
To _____

Number Street

From _____
To _____

City State ZIP Code

City State ZIP Code

☐ Same as Debtor 1

☐ Same as Debtor 1

Number Street

From _____
To _____

Number Street

From _____
To _____

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2017</u>)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2016</u>)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
	\$ <u>23,560.95</u>	\$ _____
	\$ <u>31,490</u>	\$ _____
	\$ <u>10,799.58</u>	\$ _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
From January 1 of current year until the date you filed for bankruptcy:	<u>NONE</u>	
	\$ <u>0</u>	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
For last calendar year: (January 1 to December 31, <u>2017</u>)	<u>Social Security</u>	
	\$ <u>1917.00</u>	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2016</u>)	<u>Social Security</u>	
	\$ <u>1910.00</u>	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy
6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
_____ Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____ Number Street	_____			
_____ City State ZIP Code	_____			
_____ Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____ Number Street	_____			
_____ City State ZIP Code	_____			
_____ Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____ Number Street	_____			
_____ City State ZIP Code	_____			

Debtor 1

Alicia Michelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor, 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
_____	_____	\$ _____	\$ _____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				
Insider's Name _____	_____	\$ _____	\$ _____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
_____	_____	\$ _____	\$ _____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				
Insider's Name _____	_____	\$ _____	\$ _____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No☐ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____	Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		
Case title _____ _____	Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____
Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____
Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1

Alicia Michelle Graves
First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No

☐ Yes. Fill in the details.

Describe the action the creditor took	Date action was taken	Amount
Creditor's Name _____		
Number _____ Street _____		\$ _____
City _____ State _____ ZIP Code _____		
Last 4 digits of account number: XXXX-____-____-____		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☐ No

☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____		_____	\$ _____
_____		_____	\$ _____
Number _____ Street _____			
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____		_____	\$ _____
_____		_____	\$ _____
Number _____ Street _____			
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Describe what you contributed

Date you
contributed

Value

Charity's Name

\$ _____

Number Street

\$ _____

City State ZIP Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

Describe the property you lost and
how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance
claims on line 33 of *Schedule A/B: Property*.

Date of your
loss

Value of property
lost

\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or
transfer was
made

Amount of payment

Person Who Was Paid

Number Street

\$ _____

City State ZIP Code

\$ _____

Email or website address

Person Who Made the Payment, if Not You

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number Street _____ City State ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You _____	_____ _____	\$ _____ \$ _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number Street _____ City State ZIP Code _____	_____ _____	\$ _____ \$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____	_____ _____	_____ _____
Person Who Received Transfer _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____	_____ _____	_____ _____

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<u>TCF</u> Name of Financial Institution <u>30850 Little Mack Ave</u> Number Street <u>Roseville MI 48066</u> City State ZIP Code	XXXX- <u>2130</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>8/2018</u>	\$ <u>0</u>
<u>FIFTH Bank</u> Name of Financial Institution <u>30379 Gratiot Ave</u> Number Street <u>Roseville MI 48066</u> City State ZIP Code	XXXX- <u>2130</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>10/2018</u>	\$ <u>.75</u>

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution Number Street City State ZIP Code	Name Number Street City State ZIP Code		<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

Alicia Michelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

☐ No
☐ Yes
Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

\$ _____

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1

Alicia Mechelle Graves
 First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City	State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
	Court Name		<input type="checkbox"/> Pending
	Number Street		<input type="checkbox"/> On appeal
Case number	City State ZIP Code		<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.☒ Yes. Check all that apply above and fill in the details below for each business.

Uber
 Business Name
1455 Market St
 Number Street

Describe the nature of the business

Ride Share

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 45-2647441

Dates business existed

From 1/2018 To 8/2018

San Francisco, CA 94103
 City State ZIP Code

NONE

Luft, Inc
 Business Name

Describe the nature of the business

Ride Share

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 20-8809830

Dates business existed

From 10/2017 To 10/2018

San Francisco, CA 94104
 City State ZIP Code

NONE

Debtor 1

Alicia Mechelle Graves
First Name Middle Name Last Name

Case number (if known) _____

Describe the nature of the business

Business Name _____

Number Street _____

City State ZIP Code _____

Name of accountant or bookkeeper _____

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name _____

MM / DD / YYYY

Number Street _____

City State ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both, 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Alicia Graves x

Signature of Debtor 1

Signature of Debtor 2

Date _____

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Creditors List

Advance America
3003 50th St. Suite 500
Lubbock, Texas 79413

Ally
P.O .Box 380901
Bloomington, MN 55438

American Anesthesiology of Michigan
P.O. Box 120153
Grand Rapids, MI 492528

American Credit Acceptance
961 E. Main St
Spartanburg, SC 29302

Arbor Professional Solutions
311 N. Main St
Ann Arbor, MI 48104

Associated Orthopedists of Detroit
24715 Little Mack Ave Suite 100
St Clair Shores, MI 48080

Beaumont Hospital
750 Stephenson
Troy, MI 48007

Brite Financial
101 W. Fourteen Mile RD
Madison Heights, MI 48071

CBCS
P.O. Box 163333
Columbus, OH 43216

Creditors List

Christian Financial
18411 Utica RD
Roseville, MI 48066

Consumer Power
4600 Coolidge
Royal Oak, MI 48073

Convergent Outsourcing
800 SW 39th St
Renton, WA 98057

Direct TV
P.O. Box 6550
Greenwich Village, CO 80155

District Court
39th Judicial District
29733 Gratiot Avenue
Roseville, MI 48066

DTE Energy Corporate
One Energy Plaza
Detroit, MI 48226

Duvera Billing Services
1910 Palomar Pointeway STE 101
Carlsbad, CA 92008

Eastside Group LLC
P.O. Box 67482
Detroit, MI 48226

Creditors List

Easy Pay Finance
P.O. Box 2549
Carlsbad, CA 92018

Emergency Department Physicians
17717 Masonic
Fraser, MI 48026

Enhanced Recovery CO L
8014 Bayberry RD
Jacksonville, FL 32256

ERC
P.O. Box 57610
Jacksonville, FL 32241

First Collection Bureau, INC
610 Waltham Way
Sparks, NV 89434

Frost-Arnett CO
P.O. Box 198988
Nashville, TN 37219

Goodman Frost, PLLC
20300 W. 12 Mile RD STE 101
Southfield, MI 48076

Great Lakes
P.O. Box 7860
Madison, WI 53707

Page 3

Creditors List

Harbor Oaks Hospital
35031 23 Mile RD
New Baltimore, MI 48047

Harper Dermatology P.C.
18285 E 10 Mile RD STE 130
Roseville, MI 48066

Hetal Patel MD PC
P.O. Box 3492
Farmington, Hills, MI 48333

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101

Jefferson Capital System
16 McLeland RD
St. Cloud, MN 56303

J J Marshall & Associates, INC
28820 Mound RD
Warren, MI 48092

L.J. Ross
P.O. Box 6099
Jackson, MI 49204

Michigan Head & Spine Institute
29275 Northwestern Hwy STE 100
Southfield, MI 48034

Money Recovery Nationwide
P.O. Box 13129
Lansing, MI 48901

Creditors List

R M P Services
8155 Executive DR Ste 10
Lansing, MI 48917

Scott B. Karlene MD PC
1352 S, Linden RD
Flint, MI 48532

Shores Podiatry Associates
20905 12 Mile RD Ste 100
Roseville, MI 48066

Social Security Administration
6401 Security Blvd.
Gwynn Oaks, Maryland 21207

Sprint
6391 Sprint Parkway
Overland Park, KS 66251

St John Emergency Physicians
P.O. Box 773123
3123 Solutions Center
Chicago, IL 60677

St John Macomb-Oakland Hospital
P.O Box 773123
3123 Solutions Center
Chicago, IL 60677

Transworld Systems
30600 Telegraph RD Ste 4235
Bingham Farms, MI 48025

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Creditors List

United Recovery Systems
5800 North Course Drive
Houston, TX 77072

Universal Macomb Ambulance
37583 Mound RD
Sterling Heights, MI 48310

U.S. Department of Education
400 Maryland Avenue, SW Rm 6E353
Washington, DC 20202

U.S. Department of Health & Human Services
Centers for Medicine & Medicaid Services
P.O. Box 790355
St. Louis, MO 63179

Xfinity Comcast
1701 JFK Boulevard
Philadelphia, PA 19103